

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		(C)				
5		(C)				
6		(C)				
7		(C)				
8		(C)				
9		(C)				
10		(C)				
11		(C)				
12		(C)				
13		(C)				
14		(C)				
15		(C)				
16		(C)				
17		(C)				
18		(C)				
19	1					
20		1				
21		2				
22		(C)				
23		(C)				
24		(C)				
25		(C)				
26		(C)				
27		(C)				
28		(C)				
29		(C)				
30	1					
31		1				
32		2				
33		(C)				
34		(C)				
35	1					
36		1				
37		(C)				
38		(C)				
39		(C)				
40		(C)				
41	1					
42		1				
43		2				
44		(C)				
45		(C)				
46		(C)				
47		(C)				
48		(C)				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		(C)				
53		(C)				
54		(C)				
55		(C)				
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	60					